



CONNECTICUT TOURISM INDUSTRY 2012 SCHOLARSHIP/GRANT

CRITERIA FOR APPLICATION:

- 1. Student must be a resident of Connecticut.
- 2. Student must be a senior at a Connecticut high school (public or private), a High School graduate who has not yet begun a college curriculum, or an enrolled undergraduate or graduate student at an accredited university or college.
- 3. The award winner must attend an accredited university or college on a full or part-time basis (minimum 6 credit hours) pursuing a tourism or hospitality degree program.
- 4. A completed application form must be received (hand delivered or mailed) on or before **Thursday, April 5, 2012**. All applications must be addressed to the Scholarship Grant Committee at the Department of Economic and Community Development (DECD) Office of Tourism (COT). The applicant must provide:
 - a. Two (2) letters of recommendation, one academic and on professional,
 - b. A transcript of the current academic record,
 - c. Personal Letter of Intent (how will this grant help you to achieve your academic goals?),
 - d. Include a personal resume.

Scholarship/Grants are awarded on the basis of academic and personal achievement as well as demonstrated interest in hospitality or tourism industry.

Winners will be notified April 16, 2012. Winners will each receive a check in the amount of

CONNECTICUT TOURISM INDUSTRY SCHOLARSHIP/ GRANT APPLICATION (PRINT CLEARLY)

NAME:						
ADDRESS:						
CITY:		STAT	TE:	_ ZIP CODE:		
TELEPHONE		Other	Phone: _			
FAX:		E-MA	E-MAIL:			
Please complete on	e of the follow	ing three secti	ons:			
I. CONNECTICU	T HIGH SCH	OOL SENIOR	<u>RS:</u>			
Name of your Co	nnecticut High	n School:				
Year of Graduati	Cu	Cumulative Grade Point Average:				
To which accredit	_		-	_	ply your scholarship	
II. ACCREDITE) TWO-YEAR	R COLLEGE /	<u>UNIVER</u>	SITY STUDEN	NTS:	
Name of the sch	nool at which y	ou are now re	gistered: _			
Year of program (must be a second	m completion: nd semester so	phomore to b	e eligible)			
Cumulative Gr	ade Point Ave	rage:				
To which accre scholarship awa				•	and apply your	
III. <u>ACCREDITEI</u>) UNIVERSIT	Y STUDENT	<u>S:</u>			
Name of accred	ited University	currently eni	olled:			
Current level of	study: (please circle)				
Freshman S	ophomore	Junior	1st Sem	ester Senior	1st Year Masters	
Year of complet	ion of prograr	n:				
Cumulative Gra	nde Point Aver	age:				

FOR ALL APPLICANTS:

Please respond to the topic set forth below (based on your academic level) and write a brief essay on that topic.

The essay must be typed (double spaced) and will be judged on content, grammar, punctuation and spelling. Essays shall be no longer than 1,000 words.

TOPICS

HIGH SCHOOL STUDENTS:

Identify and describe an existing or potential attraction within your county and what effect it has on your community.

TWO AND FOUR YEAR PROGRAM STUDENTS:

How does tourism impact the economy of Connecticut?

MASTERS PROGRAM STUDENTS:

Select a tourism criterion that affects a Connecticut community in relation to tourism.

Under penalties of perjury, I declare that I have examined information contained in the application for this scholarship grant and accompanying documents and, to the best of my knowledge and belief, they are true, correct and complete, and I am in fact eligible for funding under this scholarship program. I am aware that the submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public record and/or forfeiture of any funding awarded under this program. I further declare that I have reviewed the Department of Economic and Community Development (DECD) Office of Tourism (COT) Scholarship Grant Guidelines and acknowledge my responsibility as a scholarship applicant to become familiar with these guidelines and that failure to comply could result in ineligibility for the scholarship program. I understand that should I have any questions regarding these guidelines, I may contact COT. I further understand that all documents submitted become the property of COT.

APPLICANT'S SIGNATURE	DATE

PLEASE SEND COMPLETED APPLICATIONS WITH LETTERS OF RECOMMENDATION AND TRANSCRIPTS TO:

Rosemary Bove
Department of Economic and Community Development
Office of Tourism
One Constitution Plaza
Hartford, CT 06103
(860) 256-2725

All applications must be received by 4pm on Thursday, April 5, 2012. (hand delivered or mailed) Email applications will not be accepted.